MARYLAND STATE DEPARTMENT OF HEALTH

13057

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke R.D. #2
LENGTH OF STAY (In this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural 1/2 mile of Showels
STREET ADDRESS (If rural, give location) John T. Wrenford Farm

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Clayton (Last) Bozman
4. DATE OF DEATH (Month) 11 (Day) 19 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH Dec 7-1888
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm work Watermen
11. BIRTHPLACE (State or foreign country) Seaford Del.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Columbia Clayton Bozman
14. MOTHER'S MAIDEN NAME Jane Astenbridge
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. (?)
17. INFORMANT AND ADDRESS Albert Bozman R.D. #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suicide by firearm (Gun) Instantaneous

976x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Asthmatic attacks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Poor health

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) 1/2 mile of Showels (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) 11 (Day) 9 (Year) 52 (Hour) 345 a. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot through his mouth with a gun

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE (Degree or title) Dr. R. E. Sartorius - Dep. Med. Examiner
ADDRESS Pocomoke City Md
DATE SIGNED 11/19/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 21-52
NAME OF CEMETERY OR CREMATORY Woodland Cem
LOCATION (City, town, or county) R.D. Seaford Del. (State)

DATE REC'D BY LOCAL REG. Nov 20, 1952
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. ADDRESS
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 21 1961
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 25003

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Worcestr
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke, Md.
STREET ADDRESS (If rural give location) POcomoke, Md.

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) (Last) Davis

4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 4, 1923

9. AGE last birthday: 29 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Major Lane

14. MOTHER'S MAIDEN NAME: Iolia Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: John Davis Pocomoke, md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Cerebral Hemarrage	5 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Malignant Hypertension	10 mos.
	(c) DUE TO	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

331

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6, 1952, to Nov. 29, 1952, that I last saw the deceased alive on Nov. 27, 1952, and that death occurred at Nov. 29 6 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Anne M. Bradford — ADDRESS 508-5th Ave Pocomoke, Md — DATE SIGNED 12/3/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12-14-52 — NAME OF CEMETERY OR CREMATORY Montgomery — LOCATION (City, town, or county) Montgomery, Alabama (State)

DATE REC'D BY LOCAL REGISTRAR Dec. 10, 1952 — REGISTRAR'S SIGNATURE Anne E. White — 24. FUNERAL DIRECTOR Edgar Wharton — ADDRESS New Church, Va.

RECEIVED
DEC 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

13058

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 - Sixth St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke, Rural
STREET ADDRESS (If rural, give location) Unionville, 2 miles from Pocomoke

3. NAME OF DECEASED (Type or Print) (First) Louise (Middle) Mary (Last) Dickerson
4. DATE OF DEATH (Month) Nov (Day) 29 (Year) 1952

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 14/1914
9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY House wgs
11. BIRTHPLACE (State or foreign country) (Rural) Pocomoke City Md.
12. CITIZEN OF WHAT COUNTRY? Ill. Sd

13. FATHER'S NAME Lloyd Washington Lane
14. MOTHER'S MAIDEN NAME Emma Jester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-16-9289
17. INFORMANT AND ADDRESS Joseph Lane (brother of deceased)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1/2 hour

331X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Took a tiresome walk hour before death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr N. E. Sartorius (Degree or title) Dep Med Exam ADDRESS Pocomoke City Md DATE SIGNED 11/29/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-3-52
NAME OF CEMETERY OR CREMATORY Unionville
LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REG. Dec 3, 1952
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Edgar Wharton ADDRESS New Church, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S. A. A.

RECEIVED
DEC 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

13059

Reg. Dist. No. 354

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stockton — LENGTH OF STAY (in this place): 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Norman Vincent Douglass

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stockton
STREET ADDRESS (If rural, give location): Road near his home

3. NAME OF DECEASED (Type or Print): (First) ✓ (Middle) ✓ (Last)
4. DATE OF DEATH: (Month) Nov (Day) 8th (Year) 1952
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 7th 1898
9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Mostly farming
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Henry Thomas Douglass
14. MOTHER'S MAIDEN NAME: Caroline Collins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 216-10-3245
17. INFORMANT AND ADDRESS: Thomas Douglass Stockton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suicide by firearm (Gun Shot) — Instantly

976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Severe pain & knowledge of an Incurable Cancer

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Road near home — (CITY OR TOWN) Stockton — (COUNTY) Worcester — (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 8 52 2:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Placed gun barrel below his heart, pointing up, leaned over barrel — pulled trigger with a freshly prepared fork tie

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereof and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: Sol. E. Santorini — (Degree or title) Dep Med Exam — ADDRESS: Pocomoke City Md — DATE SIGNED: 11/8/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11/12/52 — NAME OF CEMETERY OR CREMATORY: Stockton cem — LOCATION (City, town, or county) (State): Stockton, Md.

DATE REC'D BY LOCAL REG.: Nov. 12, 1952 — REGISTRAR'S SIGNATURE: Mary M. Taylor — 24. FUNERAL DIRECTOR: Edgar Wharton — ADDRESS: New Church, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13060

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1
LENGTH OF STAY (in this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Henney
4. DATE OF DEATH: (Month) NOV (Day) 10 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: April 6 - 1934
9. AGE last birthday: 18/7/4 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Georgetown Delaware
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Williams
14. MOTHER'S MAIDEN NAME: Ethel Henney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs Walter Price, Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

981X

Immediate cause (a) Hemorrhage into Both Cleural Cavities — INTERVAL BETWEEN ONSET AND DEATH: 20 min?

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Bullet wound cut ~~Left~~ Subclavian Artery — 20 min?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) HOMICIDE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) HOME
(CITY OR TOWN) SNOWHILL (COUNTY) WORCESTER (STATE) MARYLAND
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended the deceased from~~ DID NOT ATTEND, 19....., that I last saw the deceased alive on NOV-10, 1952 and that death occurred at 4:00 P.M., from the causes and on the date stated above.

SIGNATURE Robert M. LaMar (DEGREE OR TITLE) MD ADDRESS Snow Hill Md DATE SIGNED 11/11/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Nov. 14/52
NAME OF CEMETERY OR CREMATORY Baptist
LOCATION (City, town, or county) Snow Hill, (State) Md

DATE REC'D BY LOCAL REG. 11/14/52
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Alley C. Dennis, Snow Hill, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT. 8-51

RECEIVED
NOV 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
STREET ADDRESS (If rural, give location): 6 Second St.

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) E. (Last) McDaniel

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 24, 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Oct 9, 1884

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman-Manager

10b. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William McDaniel

14. MOTHER'S MAIDEN NAME: Elizabeth (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: 213-05-2047

17. INFORMANT & ADDRESS: Mrs Bernice Sexton, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1 Immediate cause (a) Coronary Thrombosis Appox. Brief — INTERVAL BETWEEN ONSET AND DEATH: few minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Coronary Sclerosis with Angina Pectoris — 6-8 months

DUE TO

(c) Prostatic Hypertrophy, Benign type, Ind. Sec. Gen. Hepatitis, acute, type undet. — 1 week

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 August, 1946 to 24 Nov., 1952; that I last saw the deceased alive on 24 Nov., 1952, and that death occurred at 8:45 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: N. E. Sartorius, Jr. M. D. Pocomoke, Md. — DATE SIGNED: 11/26/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/27/52 — NAME OF CEMETERY OR CREMATORY: Salem Methodist — LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REG.: Nov. 26, 1952 — REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR — ADDRESS: Henry H. Watson, Pocomoke, Md.

RECEIVED
NOV 28 1
BUREAU V. S.

Item #8, Film G144
12/11/52 mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Pocomoke
LENGTH OF STAY (in this place) 14 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedar Hill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural, give location) 218 Mallow Hill Ave

3. NAME OF DECEASED: (Type or Print) (First) Boyd (Middle) Graves (Last) Merritt

4. DATE OF DEATH: (Month) Nov. (Day) 2, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Jan 1-1866 1886
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: own
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Stephens Stewart Merritt
14. MOTHER'S MAIDEN NAME: Abbirilla Graves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 214-22-7416
17. INFORMANT & ADDRESS: Mary M. Merritt 218 Mallow Hill Ave Baltimore City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
420.1 Immediate cause	(a)	Coronary Thrombosis	14 days
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Coronary Artery Disease	9 years
	DUE TO		
	(c)	Generalized Arteriosclerosis	Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 19, 1952, to Nov 2, 1952, that I last saw the deceased alive on Nov 2, 1952, and that death occurred at 4:05 a.m., from the causes and on the date stated above.

SIGNATURE Charles W. Trader (DEGREE OR TITLE) MD ADDRESS Pocomoke City Md DATE SIGNED Nov 2, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Nov 5-1952
NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery
LOCATION (City, town, or county) Baltimore City (State) Md

DATE REC'D BY LOCAL REG. Nov. 2, 1952
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Henry H. Watson ADDRESS Pocomoke City, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 [illegible]51

NOV 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Selbyville Del. RD#2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop
STREET ADDRESS (If rural, give location) Selbyville Del. RD#2

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Allen (Last) Oakes

4. DATE OF DEATH: (Month) Nov. (Day) 10 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: Jan 31
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired Dept. Apt Home (Apts)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Long Island, N.Y.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: No Record (Oakes)
14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Cornelius Henry Oakes (Son) Bishop Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 427.0

Immediate cause (a) Arteria - sclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) auricular fibrillation & decompensation — 2 wks

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1952 to Nov 10, 1952 that I last saw the deceased alive on Nov 10, 1952, and that death occurred at 10 10 P m., from the causes and on the date stated above.

SIGNATURE Robert S. Long M.D. (DEGREE OR TITLE) Frankford, Del. ADDRESS DATE SIGNED Oct Nov 11, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Nov 14 1952 NAME OF CEMETERY OR CREMATORY Parsonsburg Cem. LOCATION (City, town, or county) Parsonsburg Md (State)

DATE REC'D BY LOCAL REG. 11-12-52 REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Hollinsy & Co. Salisbury Md. ADDRESS Walter R. Hollinsy

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

14

WORLD V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10004

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Worcester — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Berlin

LENGTH OF STAY (in this place): All life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home Rt. #3

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Worcester

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin, Route #3

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) Miller (Last) Purnell

4. DATE OF DEATH: (Month) 11 (Day) 30 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 7-19-'14

9. AGE last birthday: 38 yrs. — IF UNDER 1 YEAR: Months 4, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife-Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Home-Factory

11. BIRTHPLACE (State or foreign country): Berlin, Worcester Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William E. J. Miller

14. MOTHER'S MAIDEN NAME: Mary Louise Purnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 221-20-5332

17. INFORMANT & ADDRESS: Matthew Purnell, Berlin, Worcester Co. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute Nephritis	1 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Pulmonary Tubaculosis	2 mo
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-24-52 to 11-30-52, that I last saw the deceased alive on 11-28-52, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Clifford E Schott M.D ADDRESS Berlin Md — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 12-4-'52 — NAME OF CEMETERY OR CREMATORY: Germantown Cemetery — LOCATION (City, town, or county) (State): Berlin, Worcester Co., Md.

DATE REC'D BY LOCAL REG. 12-4-52 — REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR: STEWART FUNERAL HOME — ADDRESS 324 E Church St Salisbury, Md

Mary A. Stewart,

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13065

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop Rural #1
LENGTH OF STAY (in this place) 4 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) W. (Last) Taylor

4. DATE OF DEATH: (Month) Nov. (Day) 10 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Jan. 23/1861
9. AGE last birthday: 91/9/17 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Temperanceville, Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William W. Duncan
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs John H. Prettyman, Bishop, Md Rural #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Chronic Degenerative Myocarditis E — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Ana Tarsa see to Atherosclerosis generally — 5-6 yrs

DUE TO

(260X) (c) D

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus see to above

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Nov. 10, 1952, that I last saw the deceased alive on 10 Nov., 1952, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Hermann Rabbner Mrs 5 Bay St Berlin, Md 12 Nov 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Nov. 12/52
NAME OF CEMETERY OR CREMATORY: Whatcoat Methodist
LOCATION (City, town, or county) (State): Snow Hill, Md

DATE REC'D BY LOCAL REG.: 11-12-52
REGISTRAR'S SIGNATURE: Helen F Hayward
24. FUNERAL DIRECTOR: Alay B. Lewis, Snow Hill, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-1 8-51

RECEIVED
NOV 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13066

CERTIFICATE OF DEATH

Reg. Dist. No. 351

Wilson Cook Limits of

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (in this place) 68 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Lafayette (Middle) N. (Last) Townsend
4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 11-1884
9. AGE last birthday: 68/1/25 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager Shirt Factory
10b. KIND OF BUSINESS OR INDUSTRY: Shirt Factory
11. BIRTHPLACE (State or foreign country): Snow Hill Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Margaret Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 216-05-6556
17. INFORMANT & ADDRESS: Mrs Mary H Townsend Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 442X

			Interval Between Onset and Death
Immediate cause	(a)	Acute Pulmonary Edema	3 days
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Hypertensive Cardiovascular Renal Disease	10 yrs
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy 2 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1952 to NOV. 6, 1952, that I last saw the deceased alive on NOV. 5, 1952, and that death occurred at 1:00 A m., from the causes and on the date stated above.

SIGNATURE Robert L. LaMar (DEGREE OR TITLE) M.D. ADDRESS SNOW HILL DATE SIGNED 11-6-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Nov. 8/52
NAME OF CEMETERY OR CREMATORY Whatcoat Methodist
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 11/6/52
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Utley C Hannis ADDRESS Snow Hill, Md

11/6/52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
NOV 14 1952
BUREAU V. S.